

VACANCY NOTICE

CS-376
REV(11/01)

FOR OPPORTUNITIES IN RHODE ISLAND STATE GOVERNMENT

Description of Position	TITLE OF POSITION: <u>Genealogical Clerk</u>	CLASSIFICATION CODE: <u>02412700</u>
	SALARY RANGE: <u>314 29135-31648</u>	REFERENCE POSITION NO.: <u>1104-10000-67</u>
	Department or Agency Name: <u>Health</u>	APPLICATION PERIOD: <u>4/26/06-5/2/06</u>
	Division/Section/Unit: <u>Vital Records</u>	
	Assignment(s) / Comments: _____	
	Shift and Days: _____	Job Location: <u>3 Capitol Hill, Providence</u>
	Restrictions/Limitations: _____	
	Position Covered By Collective Bargaining Union Agreement Yes <u>X</u> No _____	
	Name of Bargaining Unit Union: <u>Council 94</u>	
	There is <u> </u> is not <u> </u> X <u> </u> a Civil Service List for this position See A/B or Both for Specific Instructions	
NOTE: If there is a list, only laterals (employees with the same title) or individuals certified by OPA may be appointed to this position.		
General Information to Candidate	INSTRUCTIONS:	
	A. STATE EMPLOYEE LATERAL BIDDER: Bids are now being accepted for the position(s) indicated. If you are currently in this classification and wish to bid, please complete fully the CS-14 Application Form; and RIEEO 378 Affirmative Action Card. Remember to include, either <u>on the application</u> or <u>within a cover letter</u> , both the File Position Title and Number.	
	Most Important - Please include the following information:	
	• The title of the position for which you are applying	• Name of department where you are currently employed
	• Title of your present position and date you entered it	• Your business telephone number
	• Date you entered State service	• Present Union Affiliations
	*** In certain agencies, bargaining union applicants will receive preferential consideration according to contract.	
	B. NON INCUMBENT/NON STATE EMPLOYEE APPLICANT:	
	If indicated above that <u>no civil service</u> list exists for this position, you need not be in the class of position, or be in State service to apply. All information requested on the application form must be furnished. The information you give will be used by the agency Personnel Office to determine your qualifications. If an item does not apply to you, or if there is no information to be given, write in the letters "N.A." for Not Applicable. If you fail to answer all the questions on the application form, you may delay consideration of your application.	
	C. AMERICANS WITH DISABILITIES ACT (ADA) PROVISIONS	
• Reasonable Accommodations:		
If an applicant is unable to perform any essential job functions because of his/her disability but can achieve the required results by means of a REASONABLE ACCOMMODATION, then the individual shall not be considered unqualified for therefore the position.		
• Medical Information:		
Any medical exams required for this position will be performed after a conditional offer of employment has been made in accordance with the Rules/Regulations of the Americans with Disabilities Act (ADA).		
Statement of Duties	DUTIES / RESPONSIBILITIES:	
	To be responsible for searching indexes, microfilm, microfiche, and vital records for tracing family lineage or title searches and providing certified copies of records, if found.	
Minimum Education & Experience	EDUCATION / EXPERIENCE / SPECIAL REQUIREMENTS:	
	Graduation from a senior high school, including or supplemented by courses in typing; and employment in a position involving the exercise of independent judgement in a performance of varied clerical work of a difficult nature. Or, any combination of education and experience that shall be substantially equivalent to the above education and experience.	
Where to Apply	Apply within the application period as shown on this announcement. NOTE: Some State union contracts allow a 3 day grace period for receipt of CS-14 application or bid. This Office does not assume responsibility for applications sent through the mail. SEND RESUME or CS-14 Application to:	
	Kathy Guadagno	Telephone #: <u>222-2265</u>
	Office of Health Personnel	Fax #: <u>222-1256</u>
	3 Capitol Hill, Room 402	TTY/TDD #: <u>1-800-745-5555</u>
	Providence, RI 02908	(Telecommunication Device for the Deaf)



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